

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90015 034 ***159.00

DOCUMENT # P05000022289											
1. Entity Name TOSIS MULTISERVICE INC.											
Principal Place of Business 7840 SW 24 STREET MIAMI, FL 33155			Mailing Address 7840 SW 24 STREET MIAMI, FL 33155								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 20-2314954							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent REYES, JAVIER 8990 SW 24 STREET #25 MIAMI, FL 33165		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE	P REYES, JAVIER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	REYES, JAVIER		NAME								
STREET ADDRESS	8990 SW 24 STREET #25		STREET ADDRESS								
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
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STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 			6/18/08								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #								